

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Programs, Forms, etc.)	Retention
	<p>This schedule has been prepared to provide records Health Administration, following reorganization of the The following schedules are superseded: 200,201,204, 525A, 666, 668,704-08,704-09, 704-13, 933, 933A, 1139,</p>	<p>management guidance to the Community Community and Public Health Administration. 205, 210, 211, 214, 217, 218, 219, 229, 234,235, 1139A, 1519, 1520, 1521, 1522, 1652, and 2069.</p>
1	<p><u>Administration</u></p> <p>A. Historic papers which illustrate the development and containment of disease</p> <p>B. Health Officer memos</p> <p>C. Site Visit Reports</p> <p>D. Consultation Report Forms</p>	<p>>>Retain permanently in office. Transfer periodically to State Archives.</p> <p>>>Retain in office for ten (10) years. Transfer to State Records Center for ten (10) more years then destroy.</p> <p>>>Retain in office for four (4) years then destroy.</p> <p>>>Transfer to State Records Center for twelve (12) years then destroy.</p>
2	<p><u>EPIDEMIOLOGY AND DISEASE CONTROL</u></p> <p><u>Communicable Disease and Surveillance</u></p> <p>A. Statistical Reports for Centers for Disease Control and Prevention</p> <p>B. Communicable Disease Surveillance Annual Summary Reports to CDC</p> <p>C. Maryland Confidential Morbidity Report on cases of disease reported to the Unit other than TB, syphilis or gonorrhea</p> <p>D. Communicable Disease Surveillance-Laboratory Reports other than TB, syphilis, gonorrhea, and chlamydia (DHMH 1281 "Laboratory Evidence of Certain Communicable Disease)</p> <p>E. Case Investigation Reports (DHMH, CDC, any other case report or surveillance forms and other summaries of case investigation)</p> <p>F. Salmonella typhi Carrier Record</p>	<p>>>Retain in office ten (10) years then destroy.</p> <p>>>Retain in office five (5) years then destroy.</p> <p>>>Retain for five (5) years. Transfer to State Records Center and retain for five (5) more years then destroy</p> <p>>>Retain in office for five (5) years. Transfer to State Records Center and retain for five (5) more years then destroy</p> <p>>>Retain for five (5) years. Transfer to State Records Center and retain for five (5) more years, then destroy</p> <p>>>Retain in Office until death of carrier or until released from supervision by the Health Officer, then destroy.</p>

APPROVED BY: (DHMH Official) DATE: OCT 29 2003

AUTHORIZED BY: (State Archives) DATE: DEC 02 2003

SIGNATURE:


 Diane Matuszak, M.D., Director

SIGNATURE:


 Dr. Edward C. Papenfuse, Jr., State Archivist

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 2 OF 9

DEPARTMENT OF HEALTH & MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
3	<u>Outbreak and Case Investigation</u> A. Outbreak and Case Investigation Files. (Except for TB investigations) B. Outbreak preliminary reports and final reports notebooks	>>Retain in office for three (3) years . Transfer to Records Center and retain for twenty-two (22) more years then destroy. >>Retain in office for ten (10) years . Transfer to Records Center and retain for fifteen (15) more years then destroy
4	<u>Veterinary Medicine</u> A. Human post-exposure vaccination and treatment and pre-exposure B. Animal Bite Reports C. Exotic Bird Permits D. Maryland Animal Bite Report and Quarantine Reports E. Maryland Rabid Animal Surveillance Reports	>Screen annually. Records five (5) years old can be destroyed if no longer needed.
5	<u>Tuberculosis and Refugee Health</u> A. Division of TB Control -Tuberculosis Case/ Suspect Report (DHMH 4501) and associated case files that contain laboratory reports and other detailed information on TB. B. Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment. C. Tuberculosis Information Management System (TIMS) data files. D. Verified TB Case Notebooks (1913 to 1989): Contains lists of reported TB cases	>>Retain in office for five (5) years . Transfer to State Records Center and retain for fifteen (15) more years , then destroy. Records of patients who die during TB treatment, or are diagnosed with TB after death may be destroyed after state and LHD program review. >>Retain for twenty (20) years then destroy. >>Retain for five (5) years then destroy. Retain annual case line listing twenty (20) years then destroy. >>Retain until 2020 then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 3 OF 9

DEPARTMENT OF HEALTH & MENTAL HYGIENE
COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Programs, Forms, etc)	Retention
5	<u>Tuberculosis and Refugee Health (Continued)</u>	
	E. DHMH 851; TB Chemoprophylaxis Records (contain data on individuals whom receive preventive TB treatment.	>>Retain for one (1) year after entered into surveillance database then destroy.
	F. CDC TB Program Management Reports.	>>Retain five (5) years then destroy.
	G. TB Investigation files: include special investigations, i.e., large contact investigations, investigations of outbreaks, laboratory contamination, and significant clusters of culture positive cases with identical DNA fingerprints.	>>Retain in office for five (5) years . Transfer to State Records Centers for five (5) more years then destroy.
	H. TB Alien Report forms: Forms used to notify states about aliens entering with TB.	>>Retain for three (3) years then destroy.
	I. Refugee Health Screening Records and other refugee program management reports.	>>Retain for three (3) years , then transfer to State Records Center for ten (10) more years then destroy.
	J. HIV/TB co-infection data	>>Retain until required surveillance reports are completed (not more than 2 years) then destroy.
6	<u>Sexually Transmitted Diseases</u>	
	A. (STD) Syphilis Confidential Morbidity Report DHMH 1140 (Morbidity Report): contains Information on individual cases, state of disease, laboratory information and treatment of patients and lab information	>>Retain in office for one (1) year . Transfer to State Records Center for twenty (20) more years then destroy.
	B. Syphilis Interview Reports	>>Retain until statistical analysis reports are completed, not more than two (2) years then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 4 OF 9

DEPARTMENT OF HEALTH & MENTAL HYGIENE
COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
6	<u>Sexually Transmitted Diseases (Continued)</u> C. Syphilis Contact Reports D. Syphilis Laboratory Reports E. Gonorrhea Maryland Confidential Morbidity Report (DHMH 1140) F. Gonorrhea Interview Reports G. Gonorrhea Contact Reports H. HIV Interview Reports I. HIV Contact Reports	>>Retain until statistical analysis reports are completed, not more than two (2) years then destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy. >>Retain in office for one (1) year. Transfer to State Records Center for two (2) more years then destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy.
7	<u>Immunizations</u> Vaccine for Children Program Records OFFICE OF FOOD CONTROL & CONSUMER SERVICES	>Screen annually, destroy records that are superseded or no longer required.
8	<u>Bedding & Upholstery License File</u> Licenses are issued to manufacturers selling bedding and upholstery in the State of Maryland under the Maryland Bedding & Upholstery Law, including DHMH 300-5 Bedding & Upholstery License. Licenses are issued every calendar year and are audited.	>Retain for three (3) years , then destroy.
9	<u>Bedding & Upholstered Furniture Inspections</u> City and County inspection reports on bedding and upholstery firms. Inspection of dealers and all establishments for Division of Product Safety including all general correspondence for Product Safety and Bedding and Upholstery Department, including DHMH-84 Bedding & Upholstery Inspection Form	>Retain in office for three (3) years . Transfer to the State Records Center for three (3) additional years then destroy.
10	<u>Disinfection Permit Files</u> Permits are issued to sterilizers who sterile used bedding and upholstered furniture. Permits are issued every year and include DHMH 300-5 Disinfection License.	>Retain for three (3) years then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
11	<u>Product Safety Administrative Correspondence</u> Consumer Product Safety Commission reports, complaints from companies and citizens regarding children's toys, clothing, and complaints regarding the safety of different products, Division of Product Safety Regulations and general correspondence on everything pertaining to safety and protection for the consumer.	>Retain for three (3) years then destroy.
12	<u>Swimming Pool Files</u> A. Permitting and Inspection Forms B. Construction Permits C. Construction plans and equipment specifications	>>Retain for three (3) years then destroy. >>Retain for the life of facility then destroy >>Retain for the life of facility then destroy
13	<u>Migratory Labor Camp Files</u> A. Permit applications B. Inspection reports C. Facility plans D. Correspondence concerning compliance	>>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy. >>Retain for the life of the camp, then destroy >>Retain for ten (10) years then destroy.
14	<u>Youth Camp Files</u> A. Certificate Applications B. Inspection Reports C. Facility Plans D. Correspondence E. Copies of Certificates	>>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy. >>Retain for the life of the camp, then destroy >>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy.
	DIVISION OF MILK CONTROL	
15	<u>Frozen Desert Manufactures</u> A. Applications for Licenses B. License for Frozen Desert C. Inspection Reports D. Water Sample Reports E. Product Sample Reports F. Correspondence & Complaints	>Retain for four (4) years , then destroy

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 6 OF 9

DEPARTMENT OF HEALTH & MENTAL HYGIENE
COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
16	<u>Processing Plants</u> A. Applications for Processing licenses B. Licenses for processors C. Product sample sheets D. Correspondence & Complaints E. Plant equipment reports F. Inspection Reports G. Water Sample Sheets	>Retain for four (4) years , then destroy.
17	<u>Haulers</u> A. Evaluation Reports B. Farm Pick-up sheets C. Correspondence D. Permit Applications E. Testing Results F. Hauler Permits	>Retain for four (4) years , then destroy
18	<u>Manufacturing Grade</u> A. Inspection Reports B. Water Sample Sheets C. Product Sample Sheets D. Correspondence & Complaints E. Permit Applications F. Licenses G. Plant Equipment Reports	>Retain for four (4) years , then destroy.
19	<u>Transfer & Receiving Stations</u> A. Applications for Distributors B. License for Distributors C. Inspection Reports D. Water Sample Sheets E. Correspondence & Complaints F. Product Safety Sheets	>Retain for four (4) years , then destroy

RECORDS RETENTION AND DISPOSAL SCHEDULE

**DEPARTMENT OF HEALTH & MENTAL HYGIENE
COMMUNITY HEALTH ADMINISTRATION**

Item #	Description of Records (Program, Forms, etc.)	Retention
20	<u>Distribution Stations</u> A. Application for Distributor B. License for Distributor C. Inspection Reports D. Water Sample Sheets E. Correspondence & Complaints F. Product Safety Sheets	>Retain for four (4) years then destroy.
21	<u>Producers</u> A. Inspection Reports B. Water Sample Sheets C. Product Sample Sheets D. Correspondence & Complaints E. Application for Milk Producers License F. Milk Producer License	>Retain for four (4) years then destroy.
22	<u>Co-operatives</u> Correspondence & Complaints	>Retain for four (4) years then destroy.
23	<u>Tank Trucks</u> A. Inspections B. Correspondence	> Retain for four (4) years then destroy.
24	<u>Bobtailers</u> A. Inspection Reports B. Product Safety Sheets C. Bobtailer License Application (Milk Route) D. Correspondence & Complaints E. License for Bobtailers	>Retain for four (4) years then destroy.
25	<u>Milk Surveys</u> A. Survey on Milk Plants and farms to qualify by the federal guidelines to ship interstate. B. Release forms and agreements. Permission for publication of interstate milk shippers ratings C. Results of Inspections. D. Interstate Milk Shippers Inspection Report. E. Report of Milk Sanitarian Rating Survey. F. Status of Condensed and Dry Milk Plant Inspection Form. G. Report of Enforcement Methods. H. Status of Milk Plants Division of Food Control	>Retain for four (4) years then destroy.
26	<u>Restaurants and Markets</u> File series containing accounts of surveys and inspections of restaurants and markets, memos, correspondence, legislation cited, Report of Food Service Sanitation Program Evaluation Forms, Food Service Sanitation Program Evaluation Questionnaire Forms.	>Retain for four (4) years then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
27	<u>Licensure File for Food Processing Plants</u> <ul style="list-style-type: none"> A. Frozen Food Processing Plant Operating License B. Application for License to Operate a Frozen Food Processing Plant C. Soft Drink Beverage Manufacturing License D. Application for License to Manufacture Soft Drinks E. Cannery Operation License F. Application for License to Operate a Cannery (prior to inspection) G. Application for License to Operate a Cold Storage Warehouse H. Application for License to Operate a Cold Storage Warehouse (Frozen Food Locker Plant) 	>Retain for four (4) years then destroy.
28	<u>Registration File for out-of-state soft drink and bottled water</u> <ul style="list-style-type: none"> A. Applications for Soft Drink and Bottled Waters not manufactured in Maryland B. Registrations for Soft Drinks and Bottled Waters not manufactured in Maryland C. Soft Drink Registration files: <ul style="list-style-type: none"> ▪ State of acceptability form approving authority of the state manufacturing product ▪ Environmental Protection Agency's Primary Drinking Water Analysis ▪ Copies of Bottled Water Labels³ ▪ Statement of acceptability form approving authority of the state where product is bottled ▪ Tank truck inspection by approving authority 	>Retain for four (4) years then destroy.
29	<u>Seafood Plants Inspections</u> <ul style="list-style-type: none"> A. Files maintained on correspondence, inspection, enforcement actions and issuance of licenses for crabmeat and shell stock plants in Maryland B. Shellfish Certificates C. Crab Meat Operating License D. Shucking – Packing Plant Inspection Form 	>Retain for four (4) years then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Program, Forms, etc.)	Retention
30	<u>Plan Review Activities Files</u> Files contain correspondence, review of equipment installations, HACCP Plans and food processing plant pre-opening inspections.	> Retain for four (4) years then destroy.
31	<u>Inspection Files</u> Files maintained on the inspections of bakeries, warehouses, and bottling plants in Maryland. Correspondence and hearings maintained on compliance of these establishments, including: A. Food Warehouse Inspection Reports B. Beverage Plant Inspection Reports C. Bakery Inspection Reports	> Retain for three (3) years then destroy.
32	<u>Food Service Establishment Inspection Files Maintained by Local Jurisdiction</u> File series contains correspondence and review of food service establishments in Maryland. Inspection sheets retained for restaurants in Maryland including A. Food Service Facilities Inspection Reports B. List of Observations C. Receipt of Food	>Retain for three (3) years , then destroy
33	<u>Child Nutrition Program</u> All records required by the U.S. Department of Agriculture and the Maryland State Department of Education	>Retain for three (3) years from the end of the fiscal year in which they were created or until audited, which ever is later, then destroy
34	<u>Institutional Review Board (IRB)</u> A. Research Protocol B. IRB Meeting Minutes	>>Retain for three (3) years after the completion or close of the study, then destroy >>Retain permanently . Periodically transfer to State Archives.

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u> 2 </u> OF <u> 34 </u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title 2. COMMUNICABLE DISEASE AND SURVEILLANCE SERIES				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A. STATISTICAL REPORTS FOR CDC B. COMMUNICABLE DISEASE SURVEILLANCE ANNUAL SUMMARY RPTS TO CDC C. MD CONFIDENTIALITY MORBIDITY REPORT-OTHER THAN TB, SYPHYLIS, OR GONORRHEA D. COMMUNICABLE DISEASE SURVEILLANCE-LAB RPTS (OTHER THAN TB, SYPHYLIS, GONORRHEA, AND CHLAMYDIA) E. CASE INVESTIGATION RPTS- F. SALMONELLA TYPHI CARRIER RECORD					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rols _____ Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) A. RETAIN 10 YRS IN OFFICE THEN DESTROY D. RETAIN 5 YRS IN OFFICE/ 5 YRS AT SRC B. RETAIN 5 YEARS, THEN DESTROY E. RETAIN 5 YRS IN OFFICE/ 5 YRS AT SRC C. RETAIN 5 YRS IN OFFICE/5 YRS SRC F. RETAIN UNTIL DEATH OF CARRIER OR RELEASE		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u> 3 </u> OF <u> 34 </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title 3. OUTBREAK AND INVESTIGATION SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. OUTBREAK AND INVESTIGATION FILES (EXCEPT TB) B. OUTBREAK PRELIMINARY REPORTS AND FINAL RPT NOTEBOOKS.</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>A. RETAIN 3 YRS IN OFFICE/ 22 YRS AT SRC. B. RETAIN 10 YRSIN OFFICE/ 15 YRS AT SRC</p>			
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: <u>KRAVITZT@DHMH.STATE.MD.US</u></p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u> 4 </u> OF <u> 34 </u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>					
<p>4. Record Series Title 4. VETERINARY MEDICINE SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A. HUMAN POST-EXPOSURE VACCINATION AND TREATMENT</p> <p>B. ANIMAL BITE REPORTS</p> <p>C. EXOTIC BIRD PERMITS</p> <p>D. MD ANIMAL BITE REPORT AND QUARANTINE REPORT</p> <p>E. MD RABID ANIMAL SURVEILLANCE REPORTS</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Card _____</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p>_____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>SCREEN ANNUALLY. RECORDS 5 YRS OLD CAN BE DESTROYED IN NO LONGER NEEDED.</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>6. SEXUALLY TRANSMITTED DISEASE SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. SYPHYLIS CONFIDENTIALITY MORBIDITY REPORT 1140 E. GONORRHEA MD CONF MORBIDITY RPTS 1140 B. SYPHYLIS INTERVIEW REPORTS F. GONORRHEA INTERVIEW REPORTS C. SYPHYLIS CONTACT REPORTS G. GONORRHEA CONTACT REPORTS D. SYPHYLIS LABORATORY REPORTS H. HIV INTERVIEW REPORTS I. HIV CONTACT REPORTS</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: E 1 YR IN OFFICE/ 2 YRS SRC A. 1 YR/ TRANS SRC 20 YRS F. UNTIL RPTS ARE COMPLETE (2 YRS MAX) B. UNTIL RPTS ARE COMPLETE (2 YRS MAX) G. SAME C. SAME H. SAME D. SAME I. SAME</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>7</u> OF <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>7. IMMUNIZATIONS SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>VACCINE FOR CHILDREN PROGRAM RECORDS</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input checked="" type="checkbox"/> x <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. RETENTION:</p> <p>SCREEN ANNUALLY, DESTROY RECORDS THAT ARE SUPERSEDED OR NO LONGER REQUIRED.</p>			
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>9</u> of <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>8. BEDDING AND UPHOLSTERED FURNITURE INSPECTIONS</p>					<p>5. Earliest Year/Latest Year _____ to _____</p>
<p>CITY /COUNTY INSPECTION REPORTS ON DEALERS AND ALL RELATED ESTABLISHMENTS</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Sides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. RETENTION:</p> <p>RETAIN 3 YRS THEN TRANSFER TO SRC FOR 3 YRS</p>			
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY	
				PAGE _ 10 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
10 DISINFECTION PERMIT FILES				5. Earliest Year/Latest Year _____ to _____	
PERMITS TO USE STERILIZERS (ISSUED EVERY YEAR)					
7. Record Series Format(s) List all Paper: _____ Film / tape: _____ Electronic: _____ <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input type="checkbox"/> x <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____			
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____		18. RETENTION: RETAIN 3 YRS THEN DESTROY			
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE _ 11 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>10 PRODUCT SAFETY ADMIN CORRESPONDENCE SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>CONSUMER PRODUCT SAFETY COMMISSION REPORTS, COMPLAINTS, ETC</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card <input checked="" type="checkbox"/> x _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p>_____ <input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>RETAIN 3 YRS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>12</u> OF <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>12 SWIMMING POOL FILE SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. PERMITTING AND INSPECTION FORMS B. CONSTRUCTION PERMITS C. CONSTRUCTION PLANS AND EQUIP SPECS.</p>					
<p>7. Record Series Format(s) List all Paper: _____ Film / tape: _____ Electronic: _____ <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: A. RETAIN 3 YRS THEN DESTROY B. RETAIN LIFE OF FACILITY C. RETAIN LIFE OF FACILITY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE _ 14 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>14 YOUTH CAMP FILES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. CERTIFICATE APPLICATIONS B. INSPECTION REPORTS C. FACILITY PLANS D. CORRESPONDENCE E COPIES OF CERTIFICATES</p>					
<p>7. Record Series Format(s) List all Paper: Film / tape: Electronic: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: A. RETAIN 10 YRS THEN DESTROY D. TEN YEARS THEN DESTROY B. SAME E. TEN YEARS THENB DESTROY C. RETAIN LIFE OF THE CAMP</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379	DHMH RECORDS INVENTORY PAGE <u>15</u> OF <u>34</u>
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION	3. Division/Unit or Section DIVISION OF MILK CONTROL
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
15. FROZEN DESERT MANUFACTURES		5. Earliest Year/Latest Year _____ to _____
A. APPLICATIONS FOR LICENSES B. LICENSE FOR FROZEN DESERT C. INSPECTION REPORTS D. WATER SAMPLE REPORTS E. PRODUCT SAMPLE REPORTS F. CORRESPONDENCE AND COMPLAINTS		
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> CD, DVD, etc	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____	
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____	18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY	
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room# ROOM 503 A	21. Date OCTOBER 28, 2003

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>16</u> OF <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF MILK CONTROL</p>	
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>					
<p>16 PROCESSING PLANTS SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. APPLICATIONS FOR PROCESSING LICENSES B. LICENSE FOR PROCESSORS C. PROIDUCT SAMPLE SHEETS D. CORRESPONDENCE AND COMPLAINTS E. PLANT EQUIPMENT REPORTS F. INSPECTION REPORTS G. WATER SAMPLE SHEETS</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: _____ Film / tape: _____ Electronic: _____</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p><input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc</p> <p><input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. RETENTION:</p> <p>RETAIN FOR FOUR YEARS THEN DESTROY</p>			
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE <u>17</u> OF <u>34</u>	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF MILK CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
17 HAULERS				5. Earliest Year/Latest Year _____ to _____	
A. EVALUATION REPORTS B. FARM PICK UP SHEETS C. CORRESPONDENCE D PERMIT APPLICATIONS E. TESTING RESULTS F. HAULER PERMITS					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: <u>KRAVITZT@DHMH.STATE.MD.US</u>		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE <u>18</u> OF <u>34</u></p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF MILK CONTROL</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>18. MANUFACTURING GRADE</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. INSPECTION REPORTS B. WATER SAMPLE SHEETS C. PRODUCT SAMPLE SHEETS D. CORRESPONDENCE & COMPLAINTS E. PERMIT APPLICATION E. LICENSES F. PLANT EQUIPMENT REPORTS</p>					
<p>7. Record Series Format(s) List all Paper: _____ Film / tape: _____ Electronic: _____ <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Sides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card <input checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 20 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF MILK CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
20. DISTRIBUTION STATION RECORD SERIES					5. Earliest Year/Latest Year _____ to _____
A. APPLICATIONS FOR DISTRIBUTORS B. LICENSE FOR DISTRIBUTORS C. INSPECTION REPORTS D. WATER SAMPLE SHEETS E. CORRESPONDENCE AND COMPLAINTS F. PRODUCT SAFETY SHEETS					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Card ____x____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> CD, DVD, etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 21 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF MILK CONTROL</p>	
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>					
<p>21. PRODUCERS RECORD SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. INSPECTION REPORTS B. WATER SAMPLE SHEETS C. PRODUCT SAMPLE SHEETS D. CORRESPONDENCE AND COMPLAINTS E. APPLICATION FOR MILK PRODUCERS LICENSE F. MILK PRODUCERS LICENSES</p>					
<p>7. Record Series Format(s) List all Paper: _____ Film / tape: _____ Electronic: _____ <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 22 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF MILK CONTROL</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>22. CO-OPERATIVES SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>CORRESPONDENCE AND COMPLAINTS</p>					
<p>7. Record Series Format(s) List all Paper: _____ Film / tape: _____ Electronic: _____ <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <input type="checkbox"/> Rolls _____ <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc <input type="checkbox"/> Card _____ <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: <u>KRAVITZT@DHMH.STATE.MD.US</u></p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 23 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF MILK CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
23. TANK TRUCK SERIES				5. Earliest Year/Latest Year _____ to _____	
A. INSPECTIONS B. CORRESPONDENCE					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____ Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> CD, DVD, etc		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 25 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF MILK CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
25. MILK SURVEYS				5. Earliest Year/Latest Year _____ to _____	
A. SURVEY ON MILK PLANTS & FARMS TO QUALIFY BY FEDERAL GUIDELINES TO SHIP INTERSTATE B. RELEASE FORMS AND AGREEMENTS-PERMISSION FOR PUBLICATION OF INTERSTATE MILK SHIPPING RATES C. RESULTS OF INSPECTIONS D. INTERSTATE MILK SHIPPERS INSPECTION REPORTS E. REPORT OF MILK SANITARIAN RATING SURVEY F. STATUS OF CONDENSED AND DRY MILK PLANT INSPECTION FORM G. REPORT OF ENFORCEMENT METHODS H. STATUS OF MILK PLANTS					
		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 26 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF FOOD CONTROL</p>	
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>					
<p>26. RESTAURANTS AND MARKETS</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>FILE SERIES CONTAINS ACCOUNTS OF SURVEYS AND INSPECTIONS OF RESTAURANTS AND MARKETS, MEMOS, CORRESPONDENCE, LEGISLATION CITED, REPORTS OF FOOD SERVICE SANITATION PROGRAM EVALUATION FORMS, FOOD SERVICE SANITATION PROGRAM EVALUATION QUESTIONNAIRE FORMS</p>					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 27 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF FOOD CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
27. LICENSURE FILE FOR FOOD PROCESSING PLANTS				5. Earliest Year/Latest Year _____ to _____	
A. FROZEN FOOD PROCESSING PLANT OPERATING LICENSES B. APPLICATIONS FOR LICENSE TO OPERATE A FROZEN FOOD PROCESSING PLANT C. SOFT DRINK BEVERAGE MANUFACTURING LICENSES D. APPLICATION FOR SOFT DRINK BEVERAGE MANUFACTURING LICENSE E. CANNERY OPERATION LICENSE F. APPLICATION FOR LICENSE TO OPERATE A CANNERY (PRIOR TO INSPECTION) G. APPLICATION FOR LICENSE TO OPERATE A COLD STORAGE WAREHOUSE H. APPLICATION FOR LICENSE TO OPERATE A COLD STORAGE WAREHOUSE (FROZEN FOOD LOCKER) PLANT					
8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 28 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF FOOD CONTROL</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>28. REGISTRATION FILE FOR OUT OF STATE SOFT DRINK AND BOTTLED WATER</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. APPLICATION FOR SOFT DRINK AND BOTTLED WATER S NOT MANUFACTURED IN MARYLAND</p> <p>B. REGISTRATION FOR SOFT DRINK AND BOTTLED WATERS NOT MANUFACTURED IN MARYLAND</p> <p>C. SOFT DRINK REGISTRATION FILE:</p> <ul style="list-style-type: none"> ▪ STATE OF ACCEPTABILITY FORM APPROVING AUTHORITY OF THE STATE MUANUFACTURING PRODUCT ▪ COPIES OF BOTTLED WATER LABELS ▪ STATEMENT OF ACCEPTABILITY FORM APPROVINGAUTHOIRITY OF THE STATE PRODUCT IS BOTTLED ▪ TANK TRUCK INSPECTION BY APPROVING AUTHORITY 					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 29 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF FOOD CONTROL</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>29. SEAFOOD PLANT INSPECTIONS SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. FILES MAINTAINED ON CORRESPONDENCE, INSPECTIONS, ENFORCEMENT ACTIONS, AND ISSUANCE OF LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND</p> <p>B. SHELLFISH CERTIFICATES</p> <p>C. CRABMEAT OPERATING LICENSES</p> <p>D. SHUCKING-PACKING PLANT INSPECTION FORM</p>					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>			
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY</p>			
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 30 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section DIVISION OF FOOD CONTROL</p>	
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>					
<p>30. PLAN REVIEW ACTIVITIES FILE</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>FILE CONTAINS CORRESPONDENCE , REVIEW OF EQUIPMENT INSTALLATIONS, HACCP PLANCS AND FOOD PROCESSING PLANT PRE-OPENING INSPECTIONS</p>					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>RETAIN FOR FOUR YEARS THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY	
				PAGE 31 OF 34	
1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		3. Division/Unit or Section DIVISION OF FOOD CONTROL	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
31. INSPECTION FILES				5. Earliest Year/Latest Year _____ to _____	
FILES MAINTAINED ON THE INSPECTION OF BAKERIES, WAREHOUSES, AND BOTTLING PLANTS IN MARYLAND. CORRESPONDENCE AND HEARINGS MAINTAINED ON COMPLAINTS OF THESE ESTABLISHMENTS INCLUDING <ul style="list-style-type: none">FOOD WAREHOUSE INSPECTION REPORTSBEVERAGE PLANT INSPECTION REPORTSBAKERY INSPECTION REPORTS					
		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input type="checkbox"/> No _____			18. RETENTION: RETAIN FOR THREE YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US		20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A		21. Date OCTOBER 28, 2003	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p>PAGE 32 OF 34</p>
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>	<p>3. Division/Unit or Section DIVISION OF FOOD CONTROL</p>
<p><small>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</small></p>		
<p>32. FOOD SERVICE ESTABLISHMENT INSPECTION FILES MAINTAINED BY LOCAL JURISDICTIONS</p>		<p>5. Earliest Year/Latest Year _____ to _____</p>
<p>FILE SERIES CONTAINS CORRESPONDENCE AND REVIEW OF FOOD SERVICE ESTABLISHMENTS IN MARYLAND. INSPECTION SHEETS RETAINED FOR RESTAURANTS IN MARYLAND INCLUDING:</p> <ul style="list-style-type: none"> ▪ FOOD SERVICE FACILITIES INSPECTION REPORTS ▪ LIST OF OBSERVATIONS ▪ RECEIPT OF FOOD 		
	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Number _____</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>	<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>	<p>18. RETENTION:</p> <p>RETAIN FOR THREE YEARS THEN DESTROY</p>	
<p>19. Name and Title of Preparer</p> <p>TOM KRAVITZ</p> <p>DHMH RECORDS OFFICER</p> <p>E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>	<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201</p> <p>Telephone Number# 410 767-5934 Room # ROOM 503 A</p>	<p>21. Date</p> <p>OCTOBER 28, 2003</p>

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 33 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>33. CHILD NUTRITION PROGRAM</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>ALL RECORDS REQUIRED BY US DEPARTMENT OF AGRICULTURE AND MSDE</p>					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>RETAIN FOR THREE YEARS FROM THE FISCAL YEAR CREATED , OR UNTIL AUDITED IF LATER THEN DESTROY</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room# ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>PAGE 34 OF 34</p>	
<p>1. Department/Agency MD DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION</p>		<p>3. Division/Unit or Section</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>34. INSTITUTIONAL REVIEW BOARD FILE SERIES</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>A. RESEARCH PROTOCOLS B. IRB MINUTES</p>					
		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p>Number <input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>			<p>18. RETENTION:</p> <p>A. RETAIN 3 YEARS AFTER STUDY THEN DESTROY</p> <p>B. RETAIN PERMANENTLY ->MSA</p>		
<p>19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A</p>		<p>21. Date OCTOBER 28, 2003</p>	